

PROGRESS SHEET

| | SURFAC | CE WATER | | X GR | ROUN | D WAT | ER | | |
|---|---|--------------------|----------------------------------|------------------|-----------------|----------------------|--------------------------------|----------------|------|
| NAME Clayton Kenney | ardan Edwa | Il Schoo | 1 Dist | . 9 | | PHONE NO -796-436 | | | |
| ADDRESS P.O. Box 225 | | | CITY Rearda | n | STAT | | ZIP C | ODE 29-0225 | |
| ASSIGNED TO | | TELEPHONE NO. | | <u> </u> | VV A | DATE ASS | | 29-0223 | |
| ASSIGNED TO | | TELEFHONE NO. | | | | DATE ASS. | GNLD | | |
| ADDRESS | * A | | CITY | | STAT | Έ | ZIP C | ODE | |
| APPLICATION NO. G3-30350 2144842 | | PERMIT NO. | | CERTIFIC | CERTIFICATE NO. | | | | |
| DATE AMENDED | | DATE CANCELLED | | W.R.I.A. 54 | | | | | |
| | | V | | | | | 45 | | |
| DATE APPLICATION RECEIVED March 11, 2002 | | INITIAL \$10.00 FE | DATE FEE RECEIVED March 11, 2002 | | | | | | |
| | | X YES | DATE RECEIVED | | | | | | |
| STATEMENT OF ADDITIONAL EXAMINATION FEE \$ | | DATE SENT | | DATE RECEIVED | | | | | |
| DATE RETURNED FOR COMPL | ION | DATE RECI | DATE RECEIVED | | | | | | |
| APPROVED BY | TEN | MIT DATE ISSUED | | | | | | | |
| APPROVEDBY | | DATE ISSUED | | | | | | | |
| Davenport Times | | | PUBLICATION | i | 4 | | | | |
| APPROVED BY | | DATE APPROVED | | DATE NOTICE SENT | | | | | |
| RT | 5-13-0 | 5-13-02 | | | | | | | |
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| ADDOOLED | DEPARTMENT OF FISH & GAME REPORT | | | T | nn omram | | | | |
| APPROVED | | PROVISO | | | | PROTEST | | | |
| | | | V | | | | N. I ame | | |
| DATE EXAMINATION MADE | MINATION MADE MADE BY DATE REPORT OF EX | | F EXAM. WRIT | .M. WRITTEN | | | EN BY CHECKED BY | | BY |
| DATE PERMIT FEE REQUESTED | | AMOUNT DUE | DATE REC | | CEIVED | | | | |
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| PERMIT APPROVED BY | DATE APPROVED | ATE APPROVED | | PERMIT NO. | | | DATE ISSUED | | |
| | | BEGINNI | NG OF CONST | RUCTION | · · | | | | |
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| EVENTA ID ED TO | | | | | | | | | |
| EXTENDED TO | | | EXTE | NDED TO | | | | | |
| | W | ELL DRILLER'S A | ND/OR CONST | RUCTION R | EPORT | | | | |
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| | | COMPLET | ION OF CONST | TRUCTION | | | | | |
| DATE NOTICE SENT | | DATE FILED | | Maria I | | EXTENSIO |)N FEE | | |
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| | | | DATE. | NDED TO | | | | | |
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| DATE CERT. FEE REQUESTED | AMOUNT DU | E DATE REC | CEIVED | DATE APPI | ROVED | FOR CERTI | FICATE | APPROVE | O BY |
| | | | ERTIFICATIO | Ň | | | | 11, 1 | |
| PROOF EXAM REQUIRED ☐ YES ☐ NO | | CERTIFICATE NU | JMBER | | | DATE ISS | JED | | 1- |
| | | | | | | cc: Spokane Tribe | | | |